

(NEPHROTIC SYNDROME) NURSING CARE PLAN

Medical Diagnosis: Nephrotic Syndrome

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Weight gain • Fatigue • Loss of appetite 	Monitor vitals	<p>Temperature- monitor for signs of infection, especially with immunosuppressant therapy</p> <p>Blood pressure- hypotension may indicate hypovolemia</p> <p>Heart rate- tachycardia may be a sign of infection or hypovolemia</p>
	Monitor fluid balance	<p>Measure for decreased output <400 mL/24 hr period may be evident by dependent edema.</p> <p>Insert indwelling catheter unless contraindicated for infection</p> <p>**Note changes in characteristics of urine: dark, frothy or opalescent appearance, hematuria</p>
Objective Data: <ul style="list-style-type: none"> • Foamy urine • Anemia • Vitamin D deficiency • Malnutrition • Ascites • Hypotension • Dependent edema 	Assess for skin integrity	Lack of protein in the blood reduces the integrity of the skin and increases the risk of breakdown and ulceration.
	Administer medications and evaluate the response	<p>ACE Inhibitors or ARBs: (benazepril, losartan) reduce the amount of protein released in urine</p> <p>Diuretics: (furosemide, spironolactone) Increase fluid output</p> <p>Hypolipidemics: (atorvastatin, simvastatin) reduce cholesterol in the blood</p> <p>Anticoagulants: (warfarin, apixaban) prevent blood clots</p> <p>IV Albumin infusion: as ordered, to reduce ascites; draws the fluid from the body to the bloodstream to treat hypovolemia and replace low serum protein</p>